The MEDICAL MISSIONARY

Roger Van Der Weyden.

St. Luke painting The Virgin and Child.

Vol. II OCTOBER, 1928 No. 1

ST. LUKE, EVANGELIST AND PHYSICIAN

FEAST OCTOBER 18TH

It is likely that from the very first century, Christian doctors took St. Luke as their patron, but only in the Middle Ages when a distinction was made between physicians and surgeons, was St. Luke officially declared the patron of the former and St. Cosmas of the latter.

In the Medical School of Paris, founded towards the end of the 15th century, the feast of St. Luke was celebrated as the patronal feast. The Bachelors of Medicine put their theses under the protection of God, Our Lady and St. Luke, whom pious Dean Guillaume du Val (1642) in a prayer composed in honor of the Saint Physicians and Surgeons called: "The Head and Patron of Christian Doctors."

In Bordeau the Doctors pledged themselves to pay a certain sum annually to celebrate the feast solemnly. In Paris and in London there are at present Guilds of St. Luke and St. Cosmas and Damian, whose members are physicians and surgeons. The purpose of the Guilds is to form a bond of union of Catholic doctors to honor their patrons, to safeguard Catholic Medical ethics and the Christian ideals of the medical profession.

It goes without saying that the Society of Catholic Medical Missionaries whose purpose it is to bring professional medical aid into the mission field and to carry the good tidings of the Gospel wherever its members will be, should choose St. Luke, the Physician and Evangelist, as one of its special protectors.

A detailed biography of St. Luke would no doubt be interesting, but apart from the account contained in the Acts of the Apostles and the Epistles of St. Paul, not much is known of his life. According to the historian Eusebius, St. Luke was born at Antioch, the capital of Syria. His ancestry is not known. From the fact that he studied philosophy and medicine one can not conclude that he was of noble descent, for at that time frequently even slaves were physicians. Having studied in the famous schools of Antioch, he traveled in Greece and Egypt to perfect himself in the sciences and in medicine of which he made a special study. Certain authors mention that he was also a painter.

From the last verses of the Epistles to the Colossians it is evident that St. Luke was not a Jew but a Gentile. It is not known under what circumstances he became a Christian. Several of the old Fathers mention that he was one of the seventy-two disciples and others even say that he was one of the two travelers whom Our Lord joined on the way to Emmaus on the evening of the Day of the Resurrection. But St. Luke himself refutes this opinion by saying that he was not an eye-witness of the facts which he wrote but that they were transmitted to him by the Apostles and Disciples from whom he sought first hand information.

St. Paul calls him "Medicus Carissimus" (the most dear physician). St. John Chrysostom says that this is no small praise, considering that the great Apostle was not profuse in his expressions of admiration. But what Disciple could be dearer to him than Luke who was the faithful companion of his apostolic labors for many years and who was not afraid to risk his life to remain with his master.

When St. Paul was sent to Rome as a prisoner in the year 60, we find St. Luke by his side and the Apostle mentions in the letters to Philemon and the Colossians that St. Luke assisted him. At this time, he completed his narrative of the Gospel by giving us in the Acts of the Apostles the history of the establishment of Christianity since the Ascension of Our Lord. The second part is devoted entirely to the account of the Apostle's journeys and his captivity. St. Luke probably accompanied St. Paul when he was compelled to appear for the second time before Caesar. "Luke is the only one with me," he wrote to Timothy (II, Tim. IV, II).

From the text of St. Paul, "Medicus Carissimus," it seems reasonable to conclude that St. Luke continued to practice medicine on his apostolic travels. The words about the "Beloved Physician" were addressed to the Colossians long after St. Luke left Antioch. Why should the Apostle make allusion to his disciple's profession, if he had given it up so many years before? Besides, St. Paul himself earned his livelihood by making tents. One can therefore easily imagine that his disciple followed his example practicing his own profession, all the more so as it gave him access to Jewish and Pagan families. And is it not more than probable that he would also make use of his science to open the eyes of those whom he assisted professionally to the Divine Light of the Gospel? His profession is also evidenced in the vivid pictures of disease and the manner of description of the miraculous cures in his Gospel narrative in which his trained medical eye and mind are easily discerned.

After the martyrdom of the Apostle of the Gentiles, St. Luke did not remain inactive. St. Epiphanus tells us that he evangelized Italy, Gaul, Dalmatia, and according to St. Gregory Nazienzen especially Macedonia.

The date and the place of St. Luke's death are not known for certain. According to the Roman Martyrology, he died in Bithynia at a very advanced age, having suffered much for the Faith.

In the year 357, the relics of the Evangelist were translated to the Church of the Apostles built

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The MEDICAL MISSIONARY

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Editor: Dr. Anna Dengel

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EDITORIALS

GOOD NEWS

Fides, the Catholic Mission News Service, brings good tidings about the work "Contemplation and Apostolate," organized shortly after the publication of the Holy Father's Mission encyclical *Rerum Ecclesiae,* in which he emphasizes the need of contemplative orders in the Far East. We want to acquaint our readers with this interesting movement, realizing that the work of contemplatives—which is the most powerful social action—will have a direct bearing on the results of our work, making it more apostolic and more successful in giving relief and help. We are eagerly looking forward to the development of the new organization which was inaugurated by the Benedictines of St. Andrews, Lophem-les-Bruges, Belgium, with the purpose of enlisting the houses of contemplatives for the evangelization of the world. It is the plan of "Contemplation and Apostolate" once the desire of Mission Ordinaries is known, to address itself to the various bodies of contemplatives, men and women, throughout the Catholic Church asking them to consider the establishment of posts where they may more directly help the apostolate by prayer and example.

"Its first undertaking was to secure the adoption of individual mission territories by these various houses. Up to the present 130 of a total of 304 Vicars and Prefects have requested such adoption. In each case a religious community has dedicated itself to forwarding the spiritual interests of the mission.

The new undertaking is more far-reaching in its aims but is not an untried project. As early as 1861 the Carmel of Lisieux opened a monastery at Saigon in Indo-China. St. Theresa of the Child Jesus in 1896 asked to be sent to this house. In all, the Carmels in the Far East today number 13. Five of these are in Indo-China, at Saigon, Hanoi, Hue, Binchu and Pnom-Penh. There is a sixth at Bangkok in Siam. There are two in China, at Shanghai and Chungking. The Philippines have two, at Faro and Manila, and India has three, at Mangalore, Pondicherry, and Karikal. There is also a Carmel at Bettaffo in Madagascar. The present movement is not to limit itself to the Carmelites but desires to embrace cloistered men and women of all institutes.

Up to the present the great obstacle to a wide development of this means of grace for the missions has been the dearth of vocations. To offset this difficulty the Carmelites opened on August 15, 1925, the monastery of Jesus-Emmanuel at Cholet, France, which will devote itself solely to providing subjects for mission lands. For the proper training of these candidates a small group of religious from the convent at Hue in Indo-China was brought to Cholet. That Cholet will prove an important undertaking seems evident from the fact that after three years it already contains 20 subjects and has sent a group of four to Indo-China and the Philippines.

In places in the Far East where the Faith is well established vocations to even the strictest communities such as the Carmelites and the Trappists can be had. The Prioress of the Carmel at Hue writing to a Prioress in Europe is quoted in *Le Bulletin des Missions* as saying: "Does one find among the natives real contemplative religious, men or women? Quite certainly yes. I have heard a great deal about the Trappist monks of Notre Dame, of Annam (Indo-China), and as to our native sisters of Hue, I can assure you, Mother, that they are very good Carmelites. If it is true that the character proper to the contemplative is to be detached from the world and to live united with God, our Annamite sister would seem naturally better adapted to this life than Europeans in general. They are entirely ignorant of the world and do not wish to know it. The material prosperity of the monastery, the buildings, the furniture, the manual labor, all these preoccupy them very little. Their sole happiness is to be seated at the feet of their Divine Master; there they would willingly pass their whole life."

AN ARTICLE WHICH MAKES US THINK!

Is there a Remedy?

In the *"Bombay Examiner"* of July 28th we read: "Turkey is out *to modernize Islam* and 'at the same time constitute herself the educator and guide of all Moslem peoples who remain backward and enslaved.' She has already abolished the caliphate, closed the old Islamic monastery schools; done away with the fez; *and permitted women to be unveiled.* Now we find the Theological Faculty of the University of Constantinople

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TWELVE HOURS WITH A MISSION DOCTOR IN CENTRAL AFRICA

By ADELHEID SCHUSTER, M. D.,*
Nsambya, Kampala, Uganda

IN LETTERS from home I am frequently asked what I am doing all day; whether life is very strange out here; if the climate is very hot and the people very stupid, etc. In the beginning the peculiarities of the natives made an impression on me, but now after 17 months' work among them, I take them for granted, considering them part and parcel of my daily life.

I think the best way to satisfy my friends' inquiries will be to simply take any recent day and describe its happenings; for instance, March 31st.

At 7 a. m. I went on my bicycle to the dispensary, which is some distance from the hospital. At 8 a. m. I was at the hospital to make the usual rounds. There is no lack of patients—there are rows of women dressed in the quaintest of garments and men in short or long trousers and covered with a long white frock, the "Kansu." In the hospital at least, the negro goes to bed fully dressed. Children's garments frequently consist only of a necklace and ankle rings with bells. The noise from the latter are a guide for the parents to locate them.

The hospital has three departments: *St. Joseph's,* which is for medical cases and clean wounds. At present there are 17 patients there. One small room is reserved for the preparation and storage of medicine. Every day I go from patient to patient, examine them, dress their wounds or do whatever is necessary for them. Assistants take the temperature beforehand and write it down on a chart.

The second department, called *Mater Dei,* is the maternity station. It is encircled by coffee plants. In the six rooms of two beds each, we are able to keep the mothers. If the baby is born on the way, as happens quite frequently, the mothers simply wrap it up in a banana leaf and walk to the hospital. I have a negro helper who is a certified midwife. The chubby dark babies with their curly heads are my delight.

The third station is called *St. Veronica's.* I chose this name myself because it seems to me that St. Veronica was a courageous, practical woman, full of faith and love. St. Veronica's is the place for lepers, and worse than lepers, and for all kinds of infectious diseases. People crawl on all fours to the Station; many are carried by their relatives while others manage to limp along with the help of a stick.

As usual I worked in the hospital till 9.30 a. m., then I returned to the dispensary. There from 100 to 150 people wait every morning, often from 8 o'clock on. Patients come one by one and give their name and the name of their village. I examine and prescribe for them. A Sister and two negro boys dispense the medicine. Doctors at home would be surprised if they could see the variety of medicine bottles; huge balloons, enormous wine bottles, big enamel dishes, tin boxes, hollowed-out pumpkins, artistically folded banana leaves. It is amazing how cleverly and securely all these utensils are carried on the head; the Baganda negro carries nothing in the hand. If anyone requires special treatment, I send him or her at once to the hospital. The language spoken is Luganda. The numbers up to ten are shown with the fingers; the number five is expressed by the closed fist. To the question: How old a child is, one need never expect a definite answer. Some event is mentioned, or it is said that the child can stand or sit or the height is pointed out. Names also are bizarre at times, for instance, a child's name was spelled for me as: Jesutenulikamingitonidschodschentulum. Another favorite name is: Balyabantu, which means "Man-eater." Christian names are also twisted; Joseph is Jophasi and Bernadette, Bernadaleta, etc. The women kneel usually when telling their complaints. Rich people bring a leopard skin to sit on. The description of the complaint is accompanied by the most extraordinary sounds to explain the pain and the sensation acoustically.

Whilst I was in the midst of this work, a messenger from the hospital came to call me. I went quickly and was greeted by the yelling of a newly born negro lad. When the necessary assistance was given I was able to return to the dispensary

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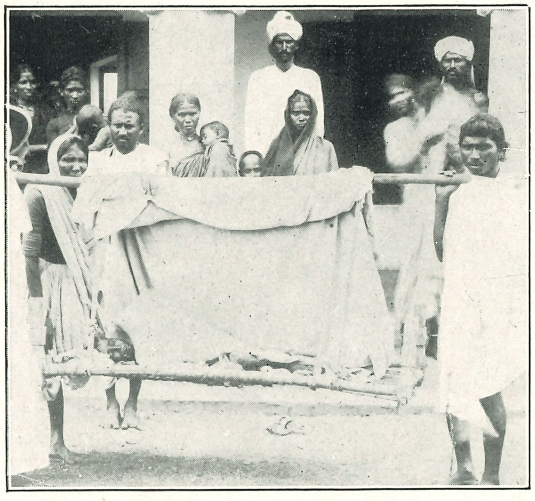

A MISSION AMBULANCE

* Dr. A. Schuster, who is a member of the Medical Mission Institute of Wurzburg, Bavaria, practiced for several years as a mission doctor in Uganda. This article was written for the year book of the above mentioned Medical Mission Institute.

TWELVE HOURS WITH A MISSION DOCTOR IN CENTRAL AFRICA

(*Continued from page 4*)

and stay till 12.30. But just as I left, I met an ambulance, two men carrying a rough stick, the ends of which rested on their heads on a cushion made of banana leaves. A brown cloth is attached to the stick in hammock fashion. The cloth is beaten out from the bark of a special kind of tree and formerly it was the sole material used for the garments of women. Even now many women come to church clad in this hard, brown bark material, which looks like untanned leather. The younger generation, however, prefers European materials.

On examination I found that the patient was dying. I asked the carriers: "Is he baptized?" The answer was: "No." I had now a double duty. I called a Sister, and as our helpers were having their noonday rest, Sister and I cleaned him up. We asked him if he would like to be baptized. He said "Yes," and whispered the ejaculations which we repeated to him. "What name shall we give him?" Sister asked me. "Call him Hugo. This was my father's name and tomorrow is the feast of his patron saint." And water and the word of God performed the miracle of regeneration. I guided the hand of the dying man over his forehead, mouth and breast and for the first time we made the Sign of the Cross together: "O Jesu uange" (dear Jesus), he repeated Sister's words. I prepared a stimulant for him, then I went to take my dinner and rest. Not for very long, however. A messenger came from the hospital to say that a man arrived suffering from a severe headache and a letter from a negro chief was handed to me, asking me to admit the bearer who was wounded in a quarrel. His left hand was wrapped in brown packing paper. I removed the paper and the rags and put a clean dressing on. The man had walked four hours in the heat of the sun after the exhausting loss of blood before he could get medical aid. My nearest colleague is 40 miles from here. I am the only doctor for 40,000 negroes. On other week days I give my 10 helpers instructions in the elements of nursing. It is troublesome, because even the simplest actions have to be demonstrated. But today is Wednesday, therefore, no class. It gives me a chance to study a little, to fill empty bottles and make other preparations. As I finished my evening rounds in the hospital a motor bicycle called by the negroes "Piki-piki" on account of the noise, brought two Indians for treatment. One speaks English fluently; the other only Gujerati. At 6 the drum beats the Angelus. Darkness comes on quickly and the myriads of glow worms brighten up the night.

After supper at 7.30, when I sit at the open window reading and writing by the light of a lantern, the night watchman comes for a little chat. We don't speak much. But he likes to come and listen to the gramophone and get nuts or something else eatable. He planted some nuts and expects to raise a crop next year! I did not disillusion him; he has troubles enough. His wife ran away; his five children died and he lives with a sick sister.

This is my 12-hour day; one day is very much like the other. Sometimes at night, I am called on a case.

Hugo died. His earthly remains were tied up in the brown cloth to be ready for burial in the morning. *Such is life—in Nsambya!*

AN ARTICLE WHICH MAKES US THINK!

(*Continued from page 3*)

recommending further changes, e. g., clean and healthy mosques, installation of pews and cloakrooms, retaining of shoes on entering the mosques, introduction of musical instruments, sermons and liturgy in Turkish, voice-training for preachers. In themselves, these changes do not seem to have a very profound theological significance, but they are based (by the authors) on principles that have.

"'The great Turkish democratic evolution which has just manifested itself presents two principal aspects . . . The first is the scientific character stamped on all our social institutions . . . Religion constitutes equally with others a social institution. Hence it is obliged to answer to the exigencies of existence and to conform to the laws of progress. It is true that this improvement is not to pass into the domain of the fundamentals of our religion; yet it would be an error to believe and to think that this religion will live attached to primitive forms, to superannuated usages, to remain forever deprived of the all-powerful force of the law of progress. Religion must in democratic Turkey, like every other thing, enter into the new life of which it has need.'

"The truth is that secular 'civilization' is everywhere undermining the non-Christian religions; and as their people become more 'civilized' so do they become more secularized. *Secularism* is opposed to religion as such and it is today the chief enemy of the Kingdom of Christ."

This last statement makes one think. Anybody who has been in the Orient knows that there is a growing desire for education, for hygiene and sanitation, for proper medical aid, in fact, for all real good and useful things of modern civilization. Government and Social welfare agencies are trying to cope with the demands, but leave lots of room *still* for missionaries.

Multiplying Catholic schools and hospitals would seem a remedy for secularism, but where are the people to do this work? Is it any wonder that we are anxious for Contemplatives and others to pray the Lord of the Harvest to send laborers into His vineyard?

THE SOCIETY AT HOME AND ABROAD

On September 30th the Society celebrates its fourth birthday and the magazine its second. Both are well and happy.

When this issue reaches our readers, the Medical Missionaries will be in the midst of their annual retreat which will be given this year by Rev. C. M. Thuente, O. P., from Chicago. During these days they will pray especially for their friends and benefactors.

The response made to our "Good Samaritan" appeal by many of our readers shows that they understand more and more the charity and the missionary value of the Medical Apostolate. The most touching contribution was from a poor invalid who sent 25c accompanied by a letter which showed that it was truly a widow's mite such as received special commendation from Our Lord Himself.

Among the several surprises received was a check for $1,200 from a New York lady, endowing a bed in our Mission Hospital in India. As we are still very far from the goal, we hope that the postman will bring more return envelopes.

We are deeply grateful for every contribution made to help us to carry on our work and we trust that the personal letters sent in acknowledgment and thanks reached all our God Samaritans.

NEWS FROM OUR MISSIONARIES

Dr. Lyons writes on August 8th: "The four boxes of hospital equipment arrived in good shape. It cost a little over Rs. 200 ($75) for duty, freight and octroi. It was fun to unpack them. I was sorry that the two Sisters were not here for it. We are certainly very grateful for these generous and valuable contributions. The Indian Red Cross has sent us two big packages recently containing 28 good blankets, 30 sheets, 10 yards of waterproof sheeting and other things. They are generous. Our Sisters are now in Murree making their Retreat; they will be home on the 16th and Father Lavery on the 18th, so that we shall have the Blessed Sacrament again. The rains are on and fevers going around. Every servant and wife and child of ours had fever or some other complaint during the past month. Thank God, I have been very well."

Sister Agnes Marie writes from Kashmir: "During our holiday Rev. Father de Ruyter put the sweetest little cottage in the loveliest valley in all Kashmir at our disposal. It is a pity that we cannot send you nice pictures for the magazine, because our camera was injured and we cannot afford to spoil films, so we just gave it up. (Perhaps one of our readers would donate a spare camera for our hospital here in India?) We visited Srinagar, the capital of Kashmir. There are no railroads up this way, but the bus service is good if you don't mind when you go. Go down to the bus stop and say where you want to go. You are told to get in for two rupees. You get in expecting to sail right along, but nothing of the kind. They drive through the Bazaars and call out the town for which they are bound. If they meet anyone inclined to go they wrangle 10 or 15 minutes as to whether he will be taken for 10 or 12 annas (25 or 30 cents) and so they continue until they get a load. Shouldn't they find anyone, they return you to your door without any apology. We were scheduled to leave here at 8.00 a. m. yesterday, instead it was 10.45.

In Srinagar, the Venice of Asia, we had a long boat ride on the Dal Lake and went through one of the big parks. The scenery surpassed anything I ever saw."

Sister Mary Laetitia writes on August 15th: "After hot and stormy Pindi, it is like Paradise here; we did not realize what a hot place the plains of the Punjab are.

We went to Srinagar and had to stay overnight on business. The hotels were so expensive, so we took a houseboat; it was beautifully furnished, a huge thing of about six rooms, and we only paid 2 rupees (79 cents) for the night. As the coolie brought his little boat to the side of the Canal, and as I went to step into it, I slipped on the mud and went plank into the dirty, muddy water to the great delight of the occupants of the many surrounding boats; the next morning the policeman came to collect eight annas (20 cents) for his services."

Address of our Missionaries in India: Holy Family Hospital, Murree Road, Rawalpindi City, Punjab, India.

HOUSEBOAT ESTABLISHMENT IN KASHMIR
Consisting of living boat, kitchen boat, row boat, and the boat in which the native staff lives year in and year out.

MEDICAL MISSION NOTES

October 18th is Medical Mission Day

The Catholic Medical Mission Board, whose headquarters are at 25 W. Broadway, New York City, asked us to mention Medical Mission Day announced for the feast of St. Luke, who was chosen the patron of Medical Missions.

Why a Medical Mission Day? The answer is: Catholic theology and modern psychology. The Church has always set aside certain days to pray for certain intentions. Modern advertising is continually inventing weeks and days to emphasize special activities. The Medical Mission Board suggests prayer for Medical Missions, a small offering to help to supply Missions with medicine and medical help and to learn something of this great movement, to speak of it to others and to assist the Catholic Medical Mission Board in this way to carry out its great ideal.

Consecration of Chinese Bishop in Leper Asylum

The new Vicar-Apostolic of Pakhoi (China) was consecrated Bishop on June 24th in the Leper Asylum, where his Lordship had been for many years chaplain. The Apostolic Delegate wrote, "Your episcopal consecration will remain certainly an event unique in the annals of missions, for I believe that the ceremony under such circumstances is taking place for the first time in mission history. A life in the episcopate begun under such conditions leaves nothing to wish for in its presage of a ministry of Christian charity. . . . How much will such a ministry serve to the glory of God and to the good of souls in a very special way in such times as ours when fraternal love has been so deeply injured, cooling and drying up in the world the charity of Christ." The Leper Asylum is served by nuns from Canada.—*Bombay Examiner.*

Medical Mission Course of the Catholic University of Lille

With special approbation of the Holy See, the medical faculty of the Catholic University of Lille organized for the third time a medical course for missionary priests and their co-workers. According to *La Vie Catholique,* the course comprises the following lectures: Eight lectures on anatomy and physiology, three on hygiene and prevention of disease, ten on general surgery, six on eye diseases, three on skin diseases, ten on the most common diseases, five on children's diseases, and fifteen on tropical diseases. The mornings are devoted to clinical work. During the free time, the missionaries are invited to attend lectures on geography, ethnology and botany. A few excursions are planned to train the students in the observation of geographical and ethnological conditions. The course lasts from September 1st to October 15th.

Women Doctors and the Missions

Presiding at the annual meeting of the Home Committee of St. Catherine's Hospital for women and children, of which Dr. Dengel had charge for three and one-half years in India, His Eminence, Cardinal Bourne of London, emphasized the need for fostering the double vocation of the religious life and the medical profession for women for the missions.

Need of a Catholic Hospital in Porto Rico

In answer to the request of one of our benefactors and subscribers, we publish an extract from a letter from Santurce, Porto Rico:

"Dear Doctor Dengel;

. . . Some day when you have space in your magazine, put in a good word for Porto Rico. We are sadly in need of a good Catholic hospital, the only good one here being the Presbyterian Hospital, and although they are very fair, it seems a pity that our good Catholic Sisters and Fathers, not to mention the Catholic laity, must go there for medical attention. We need a Catholic Hospital." . . .

We would be very happy indeed if this appeal would result in the undertaking of a Catholic Hospital in Porto Rico.

Obituary—Dr. Mary McNeill was called to her reward on June 10th, after a month's illness of typhoid. Dr. McNeill was a convert from Presbyterianism of a few years standing. She had been for many years on the staff of the Nagpur Protestant Mission Hospital in North India, and after becoming a Catholic remaining faithful to her medical mission vocation, worked in a hospital in Uganda with Franciscan Sisters from Mill Hill, England.—R. I. P.

ST. LUKE, EVANGELIST AND PHYSICIAN

(*Continued from page* 2)

in Constantinople by Constantine the Great. In the Middle Ages, his relics, with the exception of the head and one arm which are venerated in Rome, were translated to Padua. The feast of St. Luke is celebrated in the Orient and Occident on October 18th, with the same solemnity as that of the Apostles.

The Fathers of the Church, commenting on the account of the symbolical vision with which the book of Ezechiel begins, have considered the apparition of the four animals which it mentions as prefiguring the Evangelists. They have assigned to St. Luke the ox destined to be sacrificed because he begins his Gospels with the account of the sacrifice of Zachary, the priest, the father of St. John the Baptist. He is therefore generally represented with an ox by his side; often he is shown as a Sacred Writer with a book and a pen, or as a painter with palette and brush.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

Dr. Anna Dengel,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

THE ROSARY

In the author's experience, working among Mohammedans and Hindus in India, only one Catholic religious article was repeatedly asked for by them spontaneously, and that was a rosary. It appealed to them, as they found in it associations of purpose and use. The rosary seems a favorite means to meditation and prayer among people of many races and creeds.

In India it is said to date back to the remote period when the Vedas were still in vogue. The circlet of jewels and beads arose as a means of promoting meditation and registering meritorious acts. Even the Gurus (Hindu priests) of today wear coils of beads around their necks.

Amongst Mohammedans the rosary is held in high esteem. There is a Moslem tradition that one copy of the Koran and two rosaries were found among Mohammed's possessions. Since it is an established fact that the Suras of the Koran were not brought together until the time of Abu-Bekr, the first Caliph, who died in 634 A. D., the tradition is clearly not trustworthy.

The early Mohammedan method was to count prayers on the knuckles. Later pebbles were carried for recording prayers and praises in a special way. Probably the pebbles numbered 99, and this number passed over to the Moslem Subha or rosary as the orthodox number of beads. The rosary is usually a beautiful object of amber, jet, mother of pearl or olive wood. Ejaculations used are the takbir (God is greater), the tasbih (God be praised), and the tahlil (there is no God but God). In Moslem countries there is even a Sheikh al Subha (Sheikh of the Rosary) and a servant of the Rosary called the Khadim al Subha.

With the conception and use of the Rosary as a religious article among non-Christians as a foundation, there is hope that it may serve as an introduction to a knowledge of our Holy Religion through the mysteries of the Rosary. May our Queen of the Rosary, "through whom all heresies are conquered," be known and loved in ever-widening circles throughout the non-Christian world.

Dr. James Walsh, from New York, writes: "I am enclosing my check for another year's subscription to The Medical Missionary and I want to say that I think that you are doing good work.

My congratulations on the first birthday and may there be many more.

CTOBER 3rd is the Feast of the Little Flower, patroness of Missionaries. May she intercede for us all!